MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE

10 | 585415 7:7:206

CLAIMS

AFTER AFTER

AS FILED 1⁵¹ AMENDMENT 2nd AMENDMENT

	AS FILED		AFTER 1st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		<i>-</i>				
		1				
3		1				
4						
5		 				
6		 				
7		 				
8		 				
9		- -	 -			
10		 				
11		1				
12		1	-			
13		 				
14		 		 		
15	 	 	!			
16	 	 	1			
17						
18			f			
19	1	+-	1			
20	 					
21						
22		1 1		1		
23						
24	 	<u> </u>				
25			1			
26						
27	 					
28	1					
29	1					
30		1				
31						
32						
33	1					
34						
35						
36						
37			7			
38						
39						
40						
41						
42						+
43						
44						
45						_
46						+
47						
48			_		-	
49						
50					4-	_
TOTAL IN	D. 5	날				
TOTAL DE	P. 21					
TOTAL	100	3				
				7730	V	

						-
	AS FILED		AFTER		AFTER 2 nd AMENDMENT	
				1 st AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		 				
52 53		 				
54		 				1
55		 				
56						
57		 		 		
58		 				
59						
60		1				
61						
62						15
63						
64						
65						
66						
67	-					
68				ļ		
69			_	 		
70	<u> </u>		1	<u> </u>		
71		_		 		
72				+		
73		 		 		+
74 75	 -			 		+
76		+		 	1	
77						
78		-				
79	1	+				
80	 					
81.						
82						
83						
84						
85						
86						
87		15-		-		
88	1			<u> </u>	-	+
89	1	- 			+	
90						
91				+		
92	+		_	+		
93			-			-
94		+		+		
95 96	+		1	-		
96	+		_	- 	1	
98	+		1		1	
99		- -	_			
100						
····	_					
				_		
					_	
1	1	l l				